

**WOMEN PARTNERS IN HEALTH**

**PERINATAL EDUCATION CLASS REGISTRATION**

Today's Date: \_\_\_\_\_ Due Date: \_\_\_\_\_ Doctor: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Hm. #: \_\_\_\_\_ Wk. #: \_\_\_\_\_

Cell #: \_\_\_\_\_

**Circle all desired classes, list dates in order of choice.**

**A separate check, made payable to the appropriate instructor is required for each class you are registering for.**

Early Pregnancy: \_\_\_\_\_

Prepared Childbirth/Lamaze: \_\_\_\_\_

Refresher Childbirth: \_\_\_\_\_

Baby Care Basics: \_\_\_\_\_

Breastfeeding Basics: \_\_\_\_\_

**Please attach check(s) to the registration form.  
For more information please call: 459-8082**

Early Pregnancy class/Tuesday night Childbirth classes: Nan ext. 254

Breastfeeding/Weekend Childbirth class : Cathy ext. 226

Refresher Childbirth/Baby Care Class: Laura ext. 241